

EARNINGS CERTIFICATE

(APPLICANT / PARTNER)

Private and Confidential

Name and Address (Block Capitals)

Occupation:
Start Date:
Works/Clock No:
Hours Worked:
Position in Firm:

I authorise any enquiry which may be necessary to verify information entered on this form.

Signature:

Date:

Having completed the above, please hand this Certificate to your employer and ask him to complete the details below.
ONCE COMPLETED THIS CERTIFICATE MUST BE RETURNED TOGETHER WITH THE APPLICATION FORM.

TO BE COMPLETED BY THE EMPLOYER

Please assist your employee by providing the information requested below and **return it to the employee.**

Gross earnings should include Bonus, Overtime, Sick Pay, (whether Statutory or Private), Statutory Maternity Pay, Commission etc. up to the last period prior to receipt of this certificate.

PLEASE INDICATE HOW OFTEN THE EMPLOYEE IS PAID (I.E. PAY PERIOD) - TICK APPROPRIATE BOX
(Consecutive payslips may be acceptable)

Weekly Fortnightly Four Weekly Calendar Monthly

Please indicate the method of payment eg Cash, Cheque, Direct into bank account...

If paid WEEKLY give last FIVE periods. If paid FORTNIGHTLY give last THREE periods. If paid FOUR WEEKLY or CALENDAR MONTHLY give last TWO periods.

Pay Period Ending	Gross Pay	Nat Ins.	Income Tax	Supn./Pension	Net Pay	Gross Pay to Date	Gross Nat In. to Date	Gross Income Tax to Date
1								
2								
3								
4								
5								
TOTALS	£ (A)	£	£	£	£	£	£	£

Are these NORMAL earnings? YES NO If 'NO' please give reasons and 'NORMAL' amounts per pay period

NORMAL £ (B) £ £ £ £

REASONS

If **Statutory Sick/Maternity Pay/Working Family Tax Credit/Disabled Persons Tax Credit** is included in (A) and/or (B), please state which and indicate how much is included in each pay period below:-

Employee's National Insurance Number

Employer's Name and Address

Employer's Stamp

EMPLOYER'S DECLARATION

I confirm that to my knowledge all the information given is accurate and true.

Employer's Signature	Telephone Number	Date
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